



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-NINTH LEGISLATURE, 2018**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 2733, RELATING TO MEDICAL CANNABIS.

**LATE**

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

**DATE:** Wednesday, February 7, 2018      **TIME:** 10:30 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Russell A. Suzuki, Acting Attorney General, or  
Tara K.C.S. Molnar, Deputy Attorney General

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Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments on this bill, including our comments in opposition to sections 7, 8, and 9.

This bill would (1) amend the funding sources of the medical cannabis registry and regulation special fund to include fees derived from the certification of patients visiting Hawaii; (2) amend the definition of "written certification" in section 329-121, Hawaii Revised Statutes (HRS), to authorize the Department of Health (DOH) to allow a certification to be valid for up to three years for those patients whose certifier states their debilitating medical condition is chronic in nature; (3) amend section 329-126, HRS, to allow a bona fide physician-patient relationship or advanced practice registered nurse-patient relationship to be established via telehealth; (4) amend section 329D-10, HRS, to add certain types of pulmonary administration devices to the types of medical cannabis products that may be manufactured and distributed; (5) amend section 329D-11 to increase the allowable potency of manufactured cannabis products that are sold in packages of multiple doses and containers of oils from 100 milligrams of tetrahydrocannabinol (THC) to 1000 milligrams of THC; (6) amend section 329D-12, HRS, to exclude some dispensary employees and others from background check requirements under certain conditions; (7) amend section 329D-13, HRS, to delete the authority of the DOH to establish a registration process for qualifying patients from other states and replace it with a method for dispensaries to determine whether a person from

out-of-state qualifies as a patient, and to establish purchase limits for out-of-state qualifying patients; and (8) amend section 329D-20, HRS, to prohibit the DOH from disclosing information, documents, and other records in its possession to any state, federal, or county agency engaged in a criminal investigation or prosecution of violations of laws related to the operations or activities of a medical cannabis dispensary unless that agency obtains and provides a subpoena.

Comments on Section 4 (page 5, line 3, through page 6, line 11)

This section would amend section 329-126, HRS, to allow a bona fide physician-patient relationship or advanced practice registered nurse-patient relationship to be established via telehealth. Currently, the definition of "telehealth" in section 453-1.3(j), HRS, creates an inconsistency with section 453-1.3(c), HRS, which provides "For the purposes of prescribing opiates or medical cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient." If the committees are inclined to advance this section, we recommend that this inconsistency be resolved.

Comments on Section 5 (page 6, line 12, through page 7, line 14)

This section would amend section 329D-10, HRS, to allow for the production of "[d]evices that provide safe pulmonary administration," which have a temperature control "to ensure a sub-combustion temperature" (page 7, lines 6 through 11). These terms are not defined. If the committees are inclined to allow for the production of these devices, we suggest they define the terms "safe pulmonary administration" and "sub-combustion temperature," in order to clarify the type of devices that may be manufactured.

Comments on Section 7 (page 9, line 7, through page 10, line 18)

This section would exempt employees of a medical cannabis dispensary, subcontracted production center, or retail dispensing location, as well as "[a]ny other person approved for access and entry by the department," from complying with the background check requirements in section 329D-12, HRS, when the employee or person "will have no direct access, contact, or exposure to any cannabis or manufactured cannabis product, and the person (not an employee) is "accompanied at

all times on the premises by an authorized employee of the dispensary” (page 9, line 14, through page 10, line 13). While the section limits the exemption to individuals who will not have “direct access, contact, or exposure to any cannabis or manufactured cannabis product,” in practice, the DOH does not have the resources to ensure that the individuals who use the exemption maintain distance from cannabis. Because cannabis is a Schedule I controlled substance and still illegal under federal law, we recommended that this section be deleted from the measure so as to prevent unauthorized access, contact, or exposure to any cannabis or manufactured cannabis product.

Comments on Section 8 (page 10, line 19, through page 12, line 9)

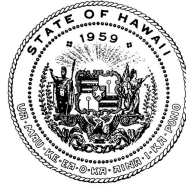
This section would amend section 329D-13, HRS, to delete the authority of the DOH to establish a registration process for qualifying patients from other states and replace it with a method for dispensaries to determine whether a person from out of state qualifies as a patient, and to establish purchase limits for out-of-state qualifying patients. It would impose requirements on dispensaries to verify and copy all documents presented by the out-of-state patient and enter information about the patient into the computer tracking system to ensure compliance with dispensing limits provided for out-of-state qualifying patients. The dispensaries would be required to make reasonable good faith efforts to verify whether the visitor's photo identification and medical cannabis card or written certification has not expired, and that the certifying physician's license is in good standing within the applicable jurisdiction.

It is unclear what would constitute reasonable good faith efforts, but it is unlikely that dispensaries would be able to reliably verify the validity of a person's medical cannabis card without accessibility to a computerized database, such as the DOH's medical cannabis registry. Currently, there is no means for dispensaries to access out-of-state registry data, so assigning the heavy responsibility of determining who is entitled to the medical use of cannabis to a dispensary will create a risk of diversion of cannabis to people who are not entitled to have it, and that, in turn, may create a risk to the State of federal intervention to enforce laws against controlled substances. We recommend that this section of the bill be deleted in order to allow a more cautious and reliable approach to reciprocity.

Comments on Section 9 (page 13, line 10, through page 14, line 3)

This section would amend section 329D-20, HRS, to prohibit the DOH from disclosing information, documents, and other records regarding medical cannabis dispensaries and production centers to any state, federal, or county agency engaged in a criminal investigation or prosecution of violations of laws related to the operations or activities of a medical cannabis dispensary unless that agency obtains and provides a subpoena. By requiring a subpoena for all disclosures of records pertaining to the operations or activities of a medical cannabis dispensary, without exception, this section would impede both the DOH and law enforcement from doing their jobs. If in the process of monitoring the activities of licensed dispensaries, the DOH was to suspect that illegal activity was occurring, the DOH would need the ability to openly share information with law enforcement for the purpose of preventing illegal activity, but this section would prevent that. Similarly, sometimes exigent circumstances require law enforcement to act quickly without taking the time to get a subpoena, but the proposed amendment would not allow any exceptions for emergency situations. We recommend that this section of the bill be deleted to prevent interference with DOH's monitoring activities of licensed dispensaries and with the duties of law enforcement.

Thank you for considering our comments.



**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

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doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 2733  
RELATING TO MEDICAL CANNABIS.**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: Wednesday, February 7, 2018      Room Number: 329

1    **Fiscal Implications:** None determined.

2    **Department Testimony:** Thank you for the opportunity to COMMENT on this bill. The  
3    Department SUPPORTS some provisions with clarifications, definitions, and recommended  
4    language changes and OPPOSES other provisions.

5            In summary, the bill:

- 6            1.      Amends language relating to the uses of the medical cannabis registry and  
7                      regulation special fund;
- 8            2.      Extends the period of time of written certifications to be valid;
- 9            3.      Allows bona fide patient-provider relationship to be established via telemedicine;
- 10           4.      Allows safe inhalation of cannabis in proscribed devices;
- 11           5.      Increases milligrams of products sold in multiple dose packs to 1,000 ml from  
12                      100 ml;
- 13           6.      Limits background checks to employees with direct access to medical cannabis;
- 14           7.      Establishes reciprocity where the dispensary verifies the out-of-state (OOS)  
15                      patient qualifications subject to payment of registration fees and allows the

1 dispensaries to input the OOS patient information into the state's tracking system  
2 for tracking and documentation purposes; and

3 8. Requires law enforcement access to dispensary information via subpoena.

4 Regarding Special Funds, this bill allows the expansion of the use of the medical  
5 cannabis registry and regulation special fund to be used for public health and health purposes as  
6 specified in Chapter 329D on medical cannabis. The Department SUPPORTS this provision.

7 Regarding accepting medical certifications for up to three (3) years, the Department  
8 SUPPORTS THE INTENT of this provision with the understanding that the Department will  
9 likely take a more cautious approach based on standard medical practices and recognizing that  
10 the language gives the Department the authority to accept multi-year certifications but does not  
11 require it.

12 Standard medical practice normally requires annual visits to physicians or APRNs to  
13 continue receiving ongoing prescriptions for chronic conditions. This ensures the medical  
14 condition is in fact ongoing and determines whether specific medication or medication dosing  
15 needs to be changed. Medical cannabis was authorized by the Legislature for medical purposes  
16 and its continued access should be consistent with other medical practices. Otherwise, the  
17 Department could be accepting certification for medical use of cannabis for a time period that  
18 exceeds the debilitating condition.

19 Regarding patient-provider relationships, the bill seeks to redefine bona fide patient-  
20 provider relationship as including a relationship established via telehealth. The Department  
21 SUPPORTS THE INTENT of this provision since the use of telehealth is consistent with the

1 Department’s support for telehealth in the medical community at large and especially in rural  
2 areas with physician/APRN shortages.

3       Regarding adding devices that provide safe pulmonary administration to the list of  
4 allowed manufactured products, the Department requests the Legislature define “safe pulmonary  
5 administration” and “sub-combustion temperature” and amends the bill language to ensure  
6 against the use of devices for vaping or smoking of tobacco or tobacco products.

7       In addition, the Department offers an amendment as follows to ensure against the use of  
8 these devices for consumption of tobacco consistent with the Department's anti-smoking policy  
9 (amended language is underlined): “Devices which provide safe pulmonary administration,  
10 provided that the device is distributed solely for use with single use, disposable, pre-filled and  
11 tamper-resistant sealed containers that do not contain nicotine or other tobacco related products  
12 and is used to deliver cannabis orally, the heating element of the device is made of inert materials  
13 such as glass, ceramic, or stainless steel, and not of plastic or rubber, and there is a temperature  
14 control on the device to ensure a sub-combustion temperature.” Dispensaries would be required  
15 to provide signage and packaging inserts consistent with the above and Department inspections  
16 will determine compliance.

17       Also, inserting the language on devices in this section of the current statute would require  
18 the dispensaries to manufacture the devices, which we do not believe is the legislature’s intent  
19 nor the intent of the dispensaries. The Legislature should clarify that dispensaries may sell  
20 devices without manufacturing them, or move this language to another section of the bill.

21       The Department could support this as long as the above changes and clarifications are  
22 made.

1           Regarding multi-dose packs, the Department SUPPORTS this as cost beneficial to  
2   dispensaries and patients as long as dispensing limits are not exceeded. Department inspections  
3   will determine compliance.

4           Regarding exemptions from background checks, the Department recognizes that  
5   dispensaries will continue to be required to log-in and -out persons who access the properties  
6   whether the person is required to have a background check or not, and written logs can be  
7   verified during Department inspections. However, as long as cannabis remains a Schedule I  
8   controlled substance and remains illegal under federal law, background checks should remain a  
9   requirement as part of the state's robust regulatory requirements. Therefore, the Department  
10   OPPOSES this provision.

11           Regarding reciprocity, the Department OPPOSES the proposed system. This system  
12   would place dispensaries in a conflict of interest position of self-validating patients to whom they  
13   would sell products. Other questions are unanswered by the bill, namely: 1. Would this simply  
14   allow an individual to purchase medical cannabis from a dispensary, or would it provide the  
15   state's legal protection for an out-of-state individual to possess and use cannabis?; 2. Do out-of-  
16   state individuals have to meet the state definition of qualifying patient including a debilitating  
17   medical condition recognized by the state?; and 3. Would the reciprocity proposed in this bill  
18   require changes to other state statute?

19           A reciprocity program for medical cannabis is complex and requires the discipline of  
20   more independent and objective verification processes.

21           One final comment on reciprocity is that the Department hopes that reciprocity, in  
22   whatever future form it may take, does not jeopardize Hawaii patients' access to medical



1 cannabis. Once all the dispensaries open their retail sales, the dispensaries and the Department  
2 will have a clearer picture on the availability of product for Hawaii's patients and for reciprocal  
3 patients.

4       Regarding disclosure of information to law enforcement, the Department OPPOSES this  
5 provision as problematic in the event law enforcement needs to take immediate action.

6 Requiring subpoena could slow down law enforcement, jeopardize criminal investigations, and  
7 invite more rigorous enforcement of federal and state criminal laws.

8       Finally, the Department respectfully requests that the exempt status of the dispensary  
9 licensing supervisor position and inspector positions be made permanent to aid in the  
10 Department's recruitment and retention efforts. However, we are also aware that this provision  
11 is contained in HB2742.

12       In summary and in closing, the Department SUPPORTS THE INTENT on parts of this  
13 bill as long as clarifications, definitions, and language changes are made, and OPPOSES other  
14 parts of the bill as potentially diminishing the state's robust regulatory processes, potentially  
15 inviting federal law enforcement intervention, and risking access to medical cannabis by  
16 Hawaii's local patients.

17       Thank you for the opportunity to testify on this bill.

**LATE**

**HB-2733**

Submitted on: 2/6/2018 12:41:16 PM  
Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Victor K. Ramos	Maui Police Department	Oppose	No

Comments:

## HAWAII EDUCATIONAL ASSOCIATION FOR LICENSED THERAPEUTIC HEALTHCARE

To: Representative John Mizuno, Chair Health and Human Services (HHS)  
Representative Bertrand Kobayashi, Vice-Chair HHS  
Members of the HHS Committee

Fr: Blake Oshiro, Esq. on behalf of the HEALTH Assn.

Re: Testimony **In Strong Support** on **House Bills (HB) 2729 and 2733**  
RELATING TO CANNABIS FOR MEDICAL USE  
RELATING TO MEDICAL CANNABIS

Dear Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:

HEALTH is the trade association made up of the eight (8) licensed medical cannabis dispensaries under Haw. Rev. Stat. (HRS) Chapter 329D. We **support BOTH HB2729 and HB2733** as an important bill for the dispensary industry in order to enhance the medical cannabis dispensary program with additional patient access, product controls and safety, and provide improvements to the administration of the program. We note that the differences between the bills appear to be mostly language drafting, but the issues covered in both bills appear to be substantially and substantively similar. As such, we support both proposals. We would note the HB2729 as a triple referral of (HHS, JUD, FIN) whereas HB2733 is a double referral (HHS, JUD), and so to that limited extent, would likely support the latter very slightly more.

### (1) Reciprocity program

The current law, Haw. Rev. Statutes (HRS) 329D-13, provided for a start date of January 1, 2018 for a program where patients from other states would be able to legally purchase medical cannabis from dispensaries. Unfortunately, that program has yet to be implemented.

As such, the bill proposes to allow for these out-of-state patients to obtain medical cannabis similar to the way in which Nevada ran its reciprocity program. By keep the purchase limit low (basically half of what a Hawaii resident is able to obtain), this should help to minimize the concern about an out-of-state patient obtaining a large quantity of product. All purchases are to be logged into the state's tracking system, and dispensaries would be held accountable for any improper or invalid sale.

### (2) Extend possible validity of a qualifying patient's written certification from 1 to 3 years

The current law authorizes a qualified patient's written certification to be valid for up to one year. However, because most, if not all, of the qualifying conditions under HRS 329-121 are chronic debilitating diseases and conditions by definition, these conditions will likely be with the patient for a significant and ongoing time. While their condition

could be approached with many different types of treatment, the underlying condition will likely still remain with the patient, and we believe that medical cannabis should always remain as part of, it not an option for, their ongoing treatment.

(3) Telehealth relationship

We believe that telehealth can be especially helpful for patients in rural communities and/or patients suffering from severe debilitating conditions that make even a physical face-to-face appointment or traditional patient-provider interaction relationship difficult. Therefore, this change will be especially helpful for patient access and for monitoring of a patient's use of medical cannabis.

(4) Add safe pulmonary administration to the list of medical cannabis products

We support this addition to possible product offerings because of the ability for more precise dosage administration, safe inhalation of certain patients and their conditions, and the possible stigma associated with "smoking" cannabis.

Our research has shown that administration through pulmonary inhalation, can be more effective for certain patients who have a low tolerance for, or resistance to, smoking the cannabis. It is more readily absorbed, and its effects felt more quickly, so that the potential for taking too large a dose, is minimized.

The language ensures that the device's heating element would be made of inert materials, and there is a temperature control, so that there is additional safety against a device becoming unsafe and combustible.

(5) THC limit per pack or container

Because edibles are not an authorized cannabis product, there is little need for any package or container limit. Should that product list ever change, then this provision should likely be revisited.

(6) Clarify background check requirement to those with direct access to cannabis or manufactured cannabis product

The current law requires all employees and any subcontractors to undergo a background check. This requirement seems overbroad, for there are many employees and subcontractors who never come in contact with, or have any access to, cannabis product. The bill does NOT seek to change the department's authority to approve these individuals having access to the premises. As such, we think that providing the DOH with authority to indicate when a background check should be conducted on any individual that does not have access to product, is reasonable.

(7) DOH's disclosure of information via a legally authorized subpoena

With the changes and uncertainties of the current federal administration, along with even recent examples of local law enforcement using patient information for purposes

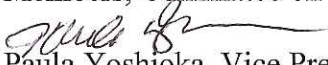
unrelated to cannabis possession where the Honolulu Police Department had initially required gun-owners with medical cannabis card to surrender their legally held guns, we are concerned with the existing law's low threshold for law enforcement to obtain any information "upon request." While we can understand the need for law enforcement to verify that a person is a valid and qualifying patient under the law, and perhaps even to verify where that person may have obtained their cannabis or cannabis product, any other disclosure of personal health information, should only be disclosed via a lawful process, like a subpoena.

Thank you for your consideration.



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To: The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members, Committee on Health and Human Services

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 6, 2018

Hrg: House Committee on Health and Human Services and Committee on Housing Joint Hearing; Wednesday, February 7, 2018 at 10:30 AM in Room 329

Re: **Comments on H.B. 2733, Relating to Medical Cannabis**

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My name is Paula Yoshioka, and I am a Vice President at The Queen's Health Systems (Queen's). I would like to provide comments on H.B. 2733, Relating to Medical Cannabis.

Queen's has concerns with regards to Section 4 (4)(b), which would allow a bona fide physician-patient or advanced practice registered nurse-patient relationship to be established via telehealth. This language is inconsistent with current HRS statute, which requires in-person consultation to establish a physician-patient relationship. It is also federally illegal to prescribe controlled substances via telehealth without a previously established patient-provider relationship. Much consideration needs to be made to ensure that the potential for telehealth is not abused for the purposes of prescribing controlled substances such as opioid narcotic pain medications and medical marijuana.

Thank you for the opportunity to testify on this important matter.

**HB-2733**

Submitted on: 2/4/2018 12:08:13 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Foster		Support	No

Comments:

Submitted by Scott Foster for Hawai`i Advocates For Consumer Rights

**HB-2733**

Submitted on: 2/4/2018 1:36:50 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph A. Bobich		Support	No

Comments:



**HB-2733**

Submitted on: 2/5/2018 8:14:10 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Whispering Wind	Patients Without Time	Oppose	No

Comments:

I OPPOSE HB2733,

because I SUPPORT LEGALIZATION OF CANNABIS!

The illegal cannabis prohibition is based on racial prejudice, discrimination, and corporate greed. This unjust bill is blatantly prejudice against seriously ill and disabled cannabis patients, and continues to deny the rights of cannabis consumers, patients, and entrepreneurs.

The hypocrisy of the cannabis prohibition is obvious, when alcohol and cigarettes are both legal;

According to the CDC, alcohol kills 88,000 American every year, and cigarettes cause 400,000 premature deaths every year, while cannabis kills zero citizens, providing scientific medical research that consuming alcohol or cigarettes is far more dangerous than consuming cannabis. Therefore, legalize cannabis to SAVE LIVES!

Hawaii is experiencing a housing crisis, and we desperately need to raise revenue. Cannabis has proven to be a very safe and successful way to raise revenue, while increasing jobs and businesses, and ending the tragic incarceration of good citizens for consuming natural herbal cannabis products.

Please, amend this bill to LEGALIZE CANNABIS.

**HB-2733**

Submitted on: 2/5/2018 8:24:08 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kat Culina		Oppose	No

Comments:

**HB-2733**

Submitted on: 2/5/2018 9:02:27 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tamara Paltin		Oppose	No

Comments:

Aloha Representatives,

I oppose this bill because it continues to support the injustice of cannabis prohibition.

The hypocrisy of the cannabis prohibition is obvious when alcohol and cigarettes are both legal.

Hawaii is experiencing a housing crisis and we desperately need to raise revenue. Cannabis has proven to be a safe and successful way to raise revenue, while increasing jobs and businesses, and ending the tragic incarceration of good citizens for consuming natural herbal cannabis products.

Please amend this bill to legalize cannabis.

Tamara Paltin

808-870-0052

**HB-2733**

Submitted on: 2/5/2018 10:44:07 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Me Fuimaono-Poe	Malie Cannabis Clinic	Oppose	Yes

Comments:

Aloha representatives thank you for hearing our testimony today. My name is Me Fuimaono-Poe I am a Family Nurse Practitioner and a Cannabis Clinician. I have over 20 years of clinical experience and I am currently the medical director for the Malie Cannabis Clinic. I am also the provider for a quarter of the patients in the medical cannabis program in Oahu.

In its current form, I do not support House Bill 2733 for the following reasons

**SECTION 3. Section 329-121**

**Subsection B**

(b) For purposes of this subsection, a bona fide physician-patient relationship or bona fide advanced practice registered nurse-patient relationship may be established via telehealth, as defined in section 453-1.3(j). I1

I am currently a telehealth provider for HMSA and have been doing Telehealth visits for over 3 years. When doing telehealth, we follow the current state mandate which states

**Source:** [HI Revised Statutes § 329-1.](#)

Treatment recommendations made via telemedicine are appropriate for traditional physician-patient settings that do not include a face-to-face visit, but in which

prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged.

Issuing a prescription based solely on an online questionnaire is prohibited.

For the safety of the patients, the cannabis clinician should be held to the same standards of all other patient provider relationships.

**Source:** [HI Revised Statutes § 453-1.3](#).

### **Newly Passed Legislation (Effective Jan. 1, 2017)**

A physician-patient relationship may be established via telehealth if the patient is referred to the telehealth provider by another health care provider who has conducted an in-person consultation and has provided all pertinent patient information to the telehealth provider. This would provide ample protection to our patient population.

I would like to highlight **§453-1.3 Practice of telehealth.**

opiates or medical marijuana, a physician-patient relationship shall only be established ~~[pursuant to chapter 329.]~~ after an in-person consultation between the prescribing physician and the patient.

I suggest telehealth: Should be available only for follow up once a patient has been seen in the clinic, unless the patient is referred by another provider who forwarded all of the patient's information.

SECTION 5. Section 329D-10,

shall contain more than a total of one [one] thousand milligrams of tetrahydrocannabinol per pack or container.

I would like to know if this will be limited to certain products like vaporizers or topical. I would also like to know the justification of increasing the current limit from 100 to 1,000 essentially making it 10 x's stronger. I agree with the increase if it is limited to vaporizer cartridges and topical preparations, where a single dose is not equal to 1,000 mg. There is no efficacy or safety data available for high doses of THC. The average dose is around 10 mg of THC

### 3. Section 329D-12, H

or the patient furnishes a written certification from the patient's primary care physician certifying that the patient has a debilitating medical condition;

A medical cannabis dispensary shall make reasonable good faith efforts to verify that the patient's government issued photo identification is valid, the patient's medical cannabis card or written certification has not expired, and the certifying physician's license is in good standing with the applicable jurisdiction.

which shall be valid for a period of no more than six months and may be renewed prior to expiration every six months

1. If only a written certification is required what is the plan for fraudulent cards. Will the dispensaries be able to verify the medical licenses of Physicians located in New York?
2. I would like to see all out of state patients verified using bio track
3. According to <http://dbedt.hawaii.gov/visitor/tourism/> Hawaii department of tourism the average length of stay in Hawaii is 9 days I think that temporary cards should be available for a maximum of 4 weeks well over the average length of stay for our visitors. Tourists wishing to stay longer should establish relationships with local clinicians for the safety of our patients and the safety of our patient focused industry.

In closing, we have a medical cannabis program with over 20,000 patients in the state of Hawaii. We have 116 physicians and 18 APRN-RX's in the state providing care to these patients. In a medical model the clinicians should be at the center of care. Providing an environment that promotes medical cannabis use in a safe and responsible manner should be a priority for the state.

Hawaii should be proud of our patient focused program, we have one of the cleanest, and most reliable program in the nation right now and we must protect tha

**ON THE FOLLOWING MEASURE:**  
SB2733, RELATING TO MEDICAL CANNABIS

**BEFORE THE:**  
COMMITTEE ON HEALTH & HUMAN SERVICES  
DATE: Wednesday, February 7 TIME: 10:30AM  
LOCATION: Conference Room 329

TESTIFIER: Tanya Johnson, COO, Noa Botanicals

POSITION: SUPPORT WITH COMMENTS

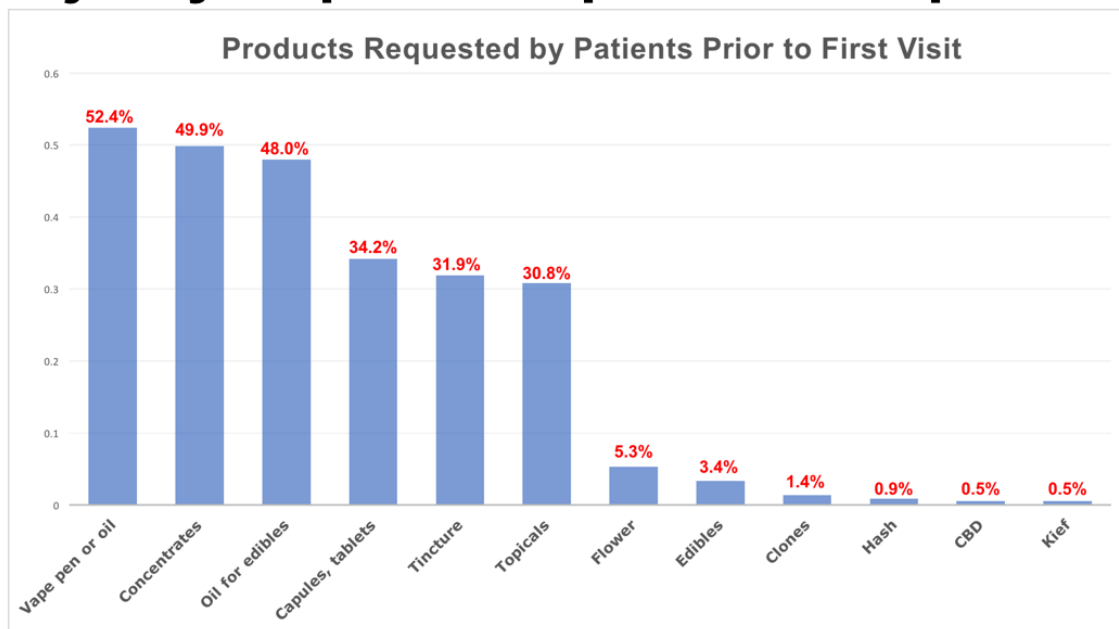
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Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Noa Botanicals is a licensed medical marijuana dispensary in the City and County of Honolulu.

Hundreds of our patients have been asking that we sell cannabis oil in pre-filled cartridges. It is the number one request that we receive.

## Majority of patients prefer to vaporize



Survey data of 565 pre-registrations "What products are you interested in purchasing"

**NO OTHER STATE IN THE NATION PROHIBITS MEDICAL CANNABIS  
DISPENSARIES FROM SELLING PRE-FILLED VAPING CARTRIDGES.**

A survey of our patients before their visit (via a pre-registration form) shows that over 52% of Hawaii patients are interested in vaping cannabis oil. Since we are not allowed to sell pre-filled cartridge, we sell cannabis oil in dispensing syringes. It is then up to the patient to purchase an appropriate tool for vaporizing the cannabis oil and for filling the cartridge. This increases patient cost and complexity and can place undue stress on oftentimes fragile patients.

Vaporizing cannabis is a safe delivery system. Not just safer but safe. This is demonstrated in the peer reviewed, clinical study (attached) *Vaporization as a Smokeless Cannabis Delivery System: A Pilot Study*. According to this study “CO levels were reduced with vaporization. No adverse events occurred. Vaporization of cannabis is a safe and effective mode of delivery of THC.”

This bill also limits background check requirements to those individuals that have direct contact with cannabis plants.

This section is important for several reasons;

- **REDUCE INDUSTRY STIGMA AND INCREASE ACCESS TO BANKING SERVICES** - The medical cannabis industry in Hawaii lacks access to banking services, cash transport and vaulting services, has limited access to insurance services, and needs additional MDs and APRNs willing to certify patients. A critical tool that dispensaries can use to reduce stigma and educate bank and insurance executives, MDs and APRNs is to have them visit our facilities and see that we are professionally run companies. Numerous bank executives have expressed interest in visiting our facility, but none are willing to go through the time and trouble to get fingerprinted and go through the background check process.
- **REDUCE PATIENT COSTS** – Current rules require that every person that enters a dispensary or production facility be fingerprinted and background checked. This include cleaning people, electricians, HVAC repair persons, etc. This requirement limits the pool of available people and as a result increases costs.

This bill modifies the reciprocity system to one that is workable and does not require DOH rulemaking. In 2015 the legislature determined that Hawaii dispensaries should begin accepting qualifying patients from outside of Hawaii beginning January 1, 2018 (reciprocity system). Unfortunately, DOH never issued the necessary rules to implement



a reciprocity system. The reciprocity system described in this bill limits purchases and provides a framework for a safe and fair system for accepting out-of-state patients.

Medical cannabis dispensaries in Hawaii have very high operating costs due, in part, to the stringent requirements of the Hawaii medical cannabis program. Currently, the number of qualifying patients in Hawaii is relatively small and growing at a slow pace. This can result in medical cannabis product costs that are higher than they would otherwise. The best way to reduce product costs is to increase demand for medical cannabis. **A well-run reciprocity program will provide additional revenues to the state and decrease product costs to Hawaii patients.**

**HB-2733**

Submitted on: 2/6/2018 5:37:34 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara Barry		Oppose	No

Comments:

Aloha,

I strongly oppose HB 2733.

Legalize Cannabis for adult use now.

Mahalo,

Ms. Barbara Barry

Ha'iku, HI

**HB-2733**

Submitted on: 2/6/2018 8:34:26 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE  
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES  
DEMOCRATIC PARTY OF HAWAII  
TO THE COMMITTEE ON HEALTH & HUMAN  
SERVICES  
HOUSE OF REPRESENTATIVES  
TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2018  
Wednesday, February 7, 2018  
10:30 a.m.**

Hawaii State Capitol, Conference Room 329

**RE: Testimony in Support** of HB 2733, RELATING TO MEDICAL CANNABIS

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair, and Members of the Committee on Health & Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on House Bill No.2733 regarding the Medical Cannabis Omnibus Bill.

The OCC Legislative Priorities Committee is in favor of House Bill No. 2733 and support its passage.

House Bill No.2733 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it (1) extends the time that a qualifying patient's certification is valid; (2) acknowledges patient-relationship in practice of telehealth; (3) Allows for safe inhalation of cannabis products in prescribed devices; (4) increases the tetrahydrocannabinol limit per package; (5) Exempts background checks of employees under certain conditions; and (6) establishes a reciprocity program for visiting patients.

Specifically, the DPH Platform provides that we "support fair and equitable access to medical marijuana to be administered by the State of Hawaii's Department of Health." (Platform of the DPH, P. 7, Lines 386-387 (2016)).

Given that House Bill No, 2733 pertains to the Medical Cannabis Omnibus Bill, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ **Melodie Aduja**

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: [legislativepriorities@gmail.com](mailto:legislativepriorities@gmail.com), Tel.: (808) 258-8889

**HB-2733**

Submitted on: 2/6/2018 6:46:42 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Debra Koonohiokala Norenberg		Comments	No

Comments:

Aloha,

This bill works well for medical marijuana recipients only. It lacks any provisions, protections, oversight, etc. for the recreational use of marijuana. I propose that we provide for the recreational use of marijuana in the terms of this bill as well as the medical use of marijuana.

Aloha

**LATE**

**HB-2733**

Submitted on: 2/6/2018 10:43:48 AM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tulsi Greenlee		Oppose	No

Comments:

Please oppose this bill. Thank you Tulsi

**HB-2733**

Submitted on: 2/6/2018 12:24:27 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
DONNIE BECKER		Oppose	No

Comments:

**HB-2733**

Submitted on: 2/6/2018 10:47:29 PM

Testimony for HHS on 2/7/2018 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
joan Levy	Joan Levy	Support	No

## Comments:

It is well established that chlorpyrifos is dangerous for brain health. Please vote to stop its use in hawaii. This is literally a no-brainer! Vite yes and put this bill into law. Pay no heed to the propagsnda fed to you propoganda fed to you by the chemical companies whose concern ckearly is gor yheir profit rather than our health! Thsnk you!